

Work Order ID 106063

August-28-13 12:39:46 PM

106063

Page 1

Item ID: D4091-1

Accept

N900040100

Setup

Start *NS1*

Revision ID:

Stop

NS2

Item Name: MOUNTING LUG

Start Date: 8/23/13 Start Qty: 9.00

20
9
9 20

Cust Item ID:

Required Date: 8/28/13 Req'd Qty: 9.00

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 13-08-29

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D4091	A

100

100

Bandsaw

Jespa Bandsaw

Memo

CUT BLANK 1.450" LONG

Cut @ metac

110

110

HAAS 1

HAAS CNC vertical machine #1

Memo

MACHINE AS PER FOLIO FA920 AND DWG

FOLIO REV:

DWG REV:

DEBURR

Issue P10 to metac P10; 21233

Machine is pending D4091 REV-A

CL 13/09/06

CL 13/09/06 20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector							
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
Bending	Bend	Grain	Ovalized	Pressure/Forced																
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure																
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld																
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled																
Cuffs	Contamination	Maintenance	Part Moved																	
Heat Treat	Countersink	Mislabeled	Positioned Wrong																	
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge																	
Ripples in Bend	Drill Holes	Offset	Other																	
Torque Waves in Extrusion	Drawing	Out of Calibration																		
Turning Sequence	Finish	Out of Sequence																		
Wave/Twist in Tube	Folio	Outside Dimensions																		

Work Order ID 106063

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106063

Page 2

Item ID: D4091-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: MOUNTING LUG

Start Date: 8/23/13 Start Qty: 9.00

9

Cust Item ID:

Required Date: 8/28/13 Req'd Qty: 9.00

9

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120 *Rec'd.*

120

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

13/8/27 00

Memo

0.00

*Rec'd + inspect
attached c of c to w/o*

130

130

QC

Quality Control

QC- Inspect parts - second check

0.00

DAS

27

9-89

20

13

Memo

0.00

13-9-27

140

140

HandFinish

Hand Finishing

Chemical Conversion Coat per QSI005 4.1

0.00

Memo

0.00

20

13-9-30

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
					Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
						Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
						Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced						
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure						
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld						
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled						
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved							
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong							
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge							
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset								
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration								
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence								
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions								

Work Order ID 106063

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106063

Page 3

Item ID: D4091-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: MOUNTING LUG

Stop

NS2

Start Date: 8/23/13 Start Qty: 9.00

9

Cust Item ID:

Required Date: 8/28/13 Req'd Qty: 9.00

9

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum

0.00

150

Powdercoat

Powder Coating

Memo

Start Time: 1:30
Temp: 320°F
Finish Time: 2:00

20X8M/13/9/30

160

QC3- Inspect Part Finish

0.00

160

QC

Quality Control

Memo

200-4 13/08/20

170

Identify as per dwg & Stock Location:

0.00

170

Packaging

Packaging

Memo

SD147

0.00

13/10/13 20 DA 32 269

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

Work Order ID 106063

106063

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Page 4

Item ID: D4091-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: MOUNTING LUG

Stop

NS2

Start Date: 8/23/13 Start Qty: 9.00

9

Cust Item ID:

Required Date: 8/28/13 Req'd Qty: 9.00

9

Customer:

Reference:

Approvals:

Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

NR1

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

180

QC

Quality Control

Memo

0.00

JJ

Rm

13/10/01

MLS 13-10-01

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS																										
Part No. _____	Work Order Update	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																		
Doc/Data																															
Equip/Tooling																															
Operator																															
Material																															
Setup																															
Other																															
Process																															
Supplier																															
Training																															
Unapproved																															
FAULT CATEGORY																															
Landing Gear				General																											
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>

Picklist Print

August-28-13 12:39:46 PM

Page 1 / 1

Work Order ID: 106063

Parent Item: D4091-1

Parent Item Name: MOUNTING LUG

Start Date: 8/23/13

Required Date: 8/28/13

Start Qty: 9.00

Required Qty: 9.00

Comments: IPP REV :A NEW ISSUE 10-03-31 JLM VERIFIED BY:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2423 Lug Extrusion		Manufactured	No			100	f	221.5000	0.1251	1.1851579		C 13/09/04	

Location	Loc Qty	Loc Code
MAT006	221.5	
<u>87953</u>	221.5	<u>2.346</u>

D4091-1 P

X 20

P 13/3/27 (20)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burr <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>	Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabelled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <input type="checkbox"/>				
Centre Not Concentric to O/S											
Cracks											
Crushed/Crimped											
Cuffs											
Heat Treat											
Inspection Strip in Tube											
Ripples in Bend											
Torque Waves in Extrusion											
Turning Sequence											
Wave/Twist in Tube											

8 7 6 5 4 3 2 1

D

D

C

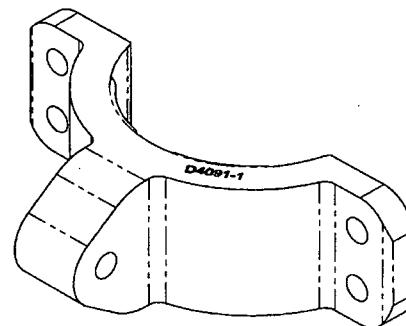
C

B

B

A

A



D4091-1 MOUNTING LUG

SHOP CO.

RETURN TO

ENGINEERING

UNCONTROLLED

SUBJECT TO APPROVAL

WITHOUT NOTICE

WORK ORDER

NO 106063 MLJ

13-08-29

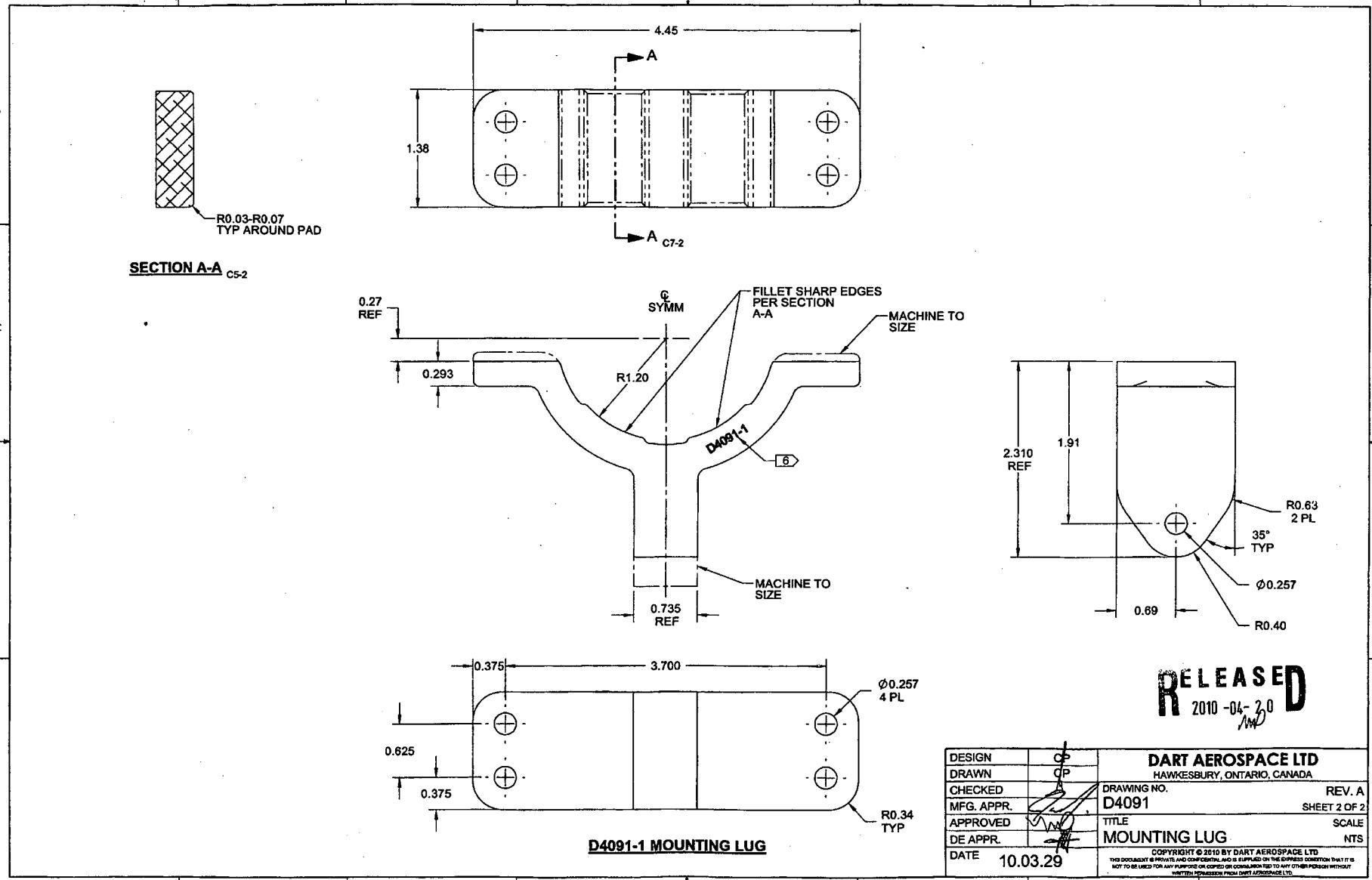
RELEASED
2010-04-28

NOTES:
1) MATERIAL: MAKE FROM D2423 EXTRUSION
2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT WHITE (4.3.5.1) PER DART QSI 005 4.3
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6) IDENTIFICATION: ENGRAVE PART NUMBER TO A DEPTH OF 0.010 ± 0.005 IN THIS LOCATION WITH A TOOL TIP RADIUS
OF 0.015 ± 0.005
7) WEIGHT: 0.31 lbs

8 7 6 5 4 3 2 1

A	NEW ISSUE		CP	10.03.29
REV.	DESCRIPTION		BY	DATE
DESIGN	C	P	DART AEROSPACE LTD	
DRAWN	C	P	HAWKESBURY, ONTARIO, CANADA	
CHECKED	A		DRAWING NO.	REV. A
MFG. APPR.			D4091	SHEET 1 OF 2
APPROVED			TITLE	SCALE
DE APPR.			MOUNTING LUG	NTS
DATE	10.03.29		COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

106063



RELEASED
R 2010-04-20
AM

DESIGN	GP	DART AEROSPACE LTD
DRAWN	GP	HAWKESBURY, ONTARIO, CANADA
CHECKED		REV. A
MFG. APPR.		DRAWING NO. D4091 SHEET 2 OF 2
APPROVED	✓	TITLE MOUNTING LUG
DE APPR.		SCALE NTS
DATE	10.03.29	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.



20 Terry Fox Drive
Vankleek Hill, Ontario K0B 1R0 , Canada
Tel: (613) 678-3957
Fax: (613) 678-3956

Delivery Slip No.: 19507
Date: Sep 05, 2013
Page: 1

Sold to:	Ship to:
Dart Aerospace Ltd. Att. Micheal Gregoire 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7	Dart Aerospace Ltd. Att. Linda Lacelle 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7
Order No.: 21233	Sold By: Dewar, Eric
Shipped By: your truck	Ship Date: Sep 26, 2013

Description	Unit	Ordered quantity	Shipped quantity	Backorder quantity
D4091-1 Lug as per drawing D4091 Rev.A	Each	20	20	
The delivered goods must be inspected upon receipt to confirm compliance. Should there be discrepancies please notify METEC within 30 days of delivery. The goods are otherwise deemed accepted.				
Received by _____	Thank you for your order!			



20 Terry Fox Drive, Vankleek Hill, Ontario K0B 1R0
Tel. (613) 678-3957 & (613) 678-2782 Fax (613) 678-3956 metec@metec.ca

CERTIFICATE OF CONFORMITY

SOLD TO:

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, Ont.
K6A 1K7

SHIPPED TO:

same

<u>QUANTITY</u>	<u>PART NUMBER</u>	<u>PART NAME</u>	<u>P.O. NUMBER</u>
20	D4091-1P	Lug	PO 21233

MATERIAL: supplied by DART B87953

We hereby certify that the above parts were made in conformance with applicable drawings.

METEC Metal Technology Inc.

A handwritten signature in black ink, appearing to read "Jan Norris".

Jan Norris

Vankleek Hill, September 26, 2013